

Application or Docket Number

01520160

| Effective December 8, 2004 | | | | | | | 10/528100 | | | | | |
|--|--|---|-----------------|---|------------|----------------------------------|-----------|------------|------------------------|----|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL EN | птү | OR | OTHER SMALL | |
| U.S | S. NATIONAL | STAGE FEES | | | | | | RATE | FEE | 1 | RATE | FEE |
| BASIC FEE | | | SMALL ENT. | WALL ENT. = \$ 150 LAR | | GE ENT. = \$ 300 | | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | 1 | CT Article 33(1)- All \$ 50 / \$ 100 | | ther situations = 5 100 / \$ 200 | | EXAM. FEE | | 1 | EXAM. FEE | 100 |
| SEARCH FEE | | | ALL other cour | ercounmes ⇒ i | | ther situations = 5 250 / \$ 500 | | SEARCH FEE | | | SEARCH FEE | 100 |
| FEE FOR EXTRA SPEC. PGS. | | | minu | minus 100 = | | / 50 = | | X \$ 125 = | | 1 | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | 23 minus 20 = * | | | 5 | | X \$ 25 = | | OR | X \$ 50 = | 250 |
| INDEPENDENT CLAIMS | | | | | | | | X \$ 100 = | | OR | X \$ 200 = | 200 |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT | _ | | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | | OR | TOTAL | |
| | CLAIMS AS AMENDED - PART II (Column 1) | | | | | | | SMALL E | ADDI- | OR | OTHER SMALL E | |
| AMENDMENT A | | AFTER AMENDMENT | | PREVIO | USLY | EXTRA | | RATE | TIONAL FEE | | RATE | TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | ı | + \$ 180 = | | OR | + \$ 360 = | |
| TOTAL ADDIT. FEE | | | | | | | | | | OR | TOTAL ADDIT. FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMBI PREVIOL PAID F | ER JSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | _ | FEE | | OR | TOTAL ADDIT. FEE | |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.